

Stephen Oldale and Susan Leigh

Eboracum House

Inspection report

177 Park Grove
Barnsley
South Yorkshire
S70 1QY

Tel: 01226203903

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This was an unannounced inspection carried out on 2 and 7 November 2017. Our last inspection took place on 14 March 2017 when we found people received care which was not safe, effective and well-led. This was due to continued breaches of regulation in relation to safe care and treatment, specifically in regard to the management of medicines and the need to gain consent. We rated the service inadequate overall and placed it into special measures. Following our inspection, we took enforcement action against the registered provider who subsequently submitted a 'home improvement action plan' to demonstrate areas of improvement. We carried out this inspection to check whether the necessary improvements had been made to the service and found appropriate action had taken place in most areas.

Eboracum House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. Eboracum House is registered to provide residential accommodation for older people, including those with dementia, for up to 18 people.

At the time of our inspection the manager was registered with CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Risks to people were not always effectively managed as information recorded in risk assessments was not up to date and consistent with levels of risk.

A staff handover was carried out in the presence of people who lived at the service which did not respect their privacy and dignity. Care records were not securely stored. The registered provider took immediate action to resolve these concerns.

The administration and documentation of medicines did not always follow safe practice. However, other areas of medicine management were appropriately managed.

People felt safe living at Eboracum House. Recruitment processes were robust which meant people were cared for by staff who were suitable to work with vulnerable adults. Staffing levels were appropriate to meet the needs of people who lived at the service.

The recording of people's mental capacity was decision-specific and staff demonstrated a clear understanding around offering people choice, consent to care and people refusing care. Applications for Deprivation of Liberty Safeguards authorisations had been made where required and authorisations granted by the local authority were all in date.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported to receive timely access to healthcare services. People felt staff were suitably trained and training records demonstrated high levels of completion. Staff were also supported through supervision, appraisals and staff meetings.

People and relatives knew how to complain if they were dissatisfied with the service they received. Complaints were responded to and feedback from satisfaction surveys was on display in the service.

People were satisfied with their meals. Kitchen staff were aware of people's specific dietary requirements, although records to reflect these needs required updating. The lunchtime meal experience was positive as people were well supported.

People and relatives spoke positively about the care they received from staff. Staff knew how to respect people's privacy and dignity and we saw this happened in practice.

Care plans were more person-centred at this inspection and included detailed life histories. We recommended the registered provider update some information seen in care plans which was not consistently recorded.

People's equality, diversity and human rights were considered by the registered provider as part of meeting their care needs.

A programme of audits was in place. Some actions required timescales and confirmation of completion. A home improvement plan was in place which meant there was oversight of the service. The registered manager said she would introduce a safeguarding and complaints log to help evidence learning outcomes in response to such concerns. Not all notifications made to the local safeguarding authority had been submitted to the CQC. You can see how we dealt with this in the main body of our report.

We found a single breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see the action we have told the provider to take at the end of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Risks to people had not always been appropriately assessed and recorded.

The management of medicines required some improvement as the administration process was not always safe.

Recruitment processes were safe and staffing levels were appropriate to meet people's needs.

Requires Improvement ●

Is the service effective?

The service was effective.

The recording of people's mental capacity had improved. People received support to access healthcare services.

People were satisfied with the quality of the meals they received.

Staff received effective support through training, supervision and appraisal.

Good ●

Is the service caring?

The service was not always caring.

Staff handovers were taking place in a communal area with people present. This did not respect their privacy.

Staff interactions with people were warm and staff could demonstrate they knew people's care preferences.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Care plans were person-centred, although some elements were not consistently recorded.

People's equality, diversity and human rights were respected.

Requires Improvement ●

Staff provided activities for people which they were satisfied with.

Is the service well-led?

The service was not always well-led

Not all notifications had been submitted to the Care Quality Commission. Sensitive information was not securely stored.

People and relatives told us the service was well-led.

A programme of audits and the home improvement plan showed oversight of the service.

Requires Improvement 

Eboracum House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

On day one of our inspection the team consisted of one adult social care inspector, a specialist advisor with a background in governance and an expert-by-experience with a background in care for older people. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Day two of our inspection was announced as we wanted to ensure the registered manager was available. This was carried out by one adult social care inspector. At the time of our inspection there were eight people living at the service.

We spoke with four people who lived in the home as well as three relatives who were visiting the home at the time of our inspection. We also spoke with the registered manager, the operations manager and four members of staff. We observed care interactions in communal areas of the home. We spent some time looking at documents and records relating to people's care and the management of the service. We looked at two people's care plans in full and a further two care plans regarding specific areas of care.

Before the inspection, the registered provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help plan the inspection.

Before our inspection, we reviewed all the information we held about the home. We contacted the local authority, local infection control team and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Is the service safe?

Our findings

At the last inspection in March 2017 we identified a breach of the regulation relating to safe care and treatment, as risks to people had not always been appropriately assessed and managed. At this inspection we found concerns remained.

One person's eating and drinking care plan dated October 2017 stated they needed a fork mashable diet as they had problems swallowing. On day one of our inspection, we saw one staff member giving this person sandwiches to eat before leaving them unsupervised. The person's risk assessment dated August 2017 stated they were 'at risk of choking if there was no level of staff support'. We discussed this with the registered manager who told us this person's care records did not accurately reflect their care needs. On day two of our inspection, the person's eating and drinking care plan and risk assessment had both been updated. However, the updated choking risk assessment dated 3 November 2017 stated 'staff must ensure at all times they stay with [name] whilst [they are] eating [their] meals and drinking [their] drinks as [they are] at risk of choking.' This person was scored as being at low risk of choking which was not consistent with the need to observe the person eating.

The registered provider's PIR stated 'Malnutrition Universal Screening Tool is reviewed and updated on a monthly basis or sooner if required'. The Malnutrition Screening Tool (MUST) helps identify people at risk of malnutrition. We saw another person did not have a MUST score recorded between April and September 2017. The last falls risk assessment for the same person was dated July 2016, which meant their risk of falls had not been recently reviewed.

We saw the moving and handling risk assessment for one person described the type of transfer, number of staff required and equipment needed, although the technique section which should include instructions for staff on how to safely move the person was blank.

This meant steps to reduce levels of risk to individuals had not been taken as risks were not always appropriately assessed, monitored and reviewed. We concluded these examples evidenced a continuous breach of regulation 12 (1) and (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other measures had been taken to reduce risk to people. For example, we checked whether staff supported people with pressure relief. We saw people who had been assessed as needing pressure cushions were sitting on them and airflow mattresses were set according to people's weights.

Relatives we spoke with were confident appropriate steps had been taken to reduce risks to their family members. One relative said, "She has had falls, they have taken steps to minimise the risk." Another relative commented, "There are always two for the hoist, I don't feel she is at risk."

At the last inspection in March 2017 we identified a breach of the regulation relating to safe care and treatment as we had concerns with the way medicines were managed. At this inspection we looked at the

management of medicines and found again this was not always safe.

People we spoke with told us they received their medicines as prescribed. One person said, "They give me my medicines at more or less the same times." Another person told us, "I tell them if I want a paracetamol and they give it to me."

Room and fridge temperatures where medicines were stored were recorded on a daily basis and were within the recommended range.

We observed the administration of medicines and saw the person responsible for this wore protective gloves. People were offered pain relief and the staff member administering medicines ensured people had taken their medicines. However, they did not always follow the process of checking the medication administration record (MAR) before administering medicines and the recording of medicines as taken before moving onto the next person was not always robust. One person was recorded as having taken their iron tablet before they had taken this. We discussed this with the operations manager who told us they had observed this staff member administering medicines in August 2017 and found they were competent. They told us they would ensure further checks were completed to ensure this process was safe.

Training records we looked at showed staff responsible for administering medicines had received up to date training in this area. Staff who were responsible for administering medicines had all received a competency check within the last 12 months.

We looked at medication administration records (MARs) for four people living in the home and found these were consistently completed. We checked the stocks of medicines and found these matched records used to count down the amount of stock available. This helped to ensure supplies of medicines did not run out for people.

We saw protocols for medicines prescribed 'as and when required' (PRN) were in place. These provided a basic record for the use of these medicines. Some labelled items did not contain sufficient information to direct staff how to use the medicines appropriately. We discussed this with the operations manager who said they would review this with the pharmacy.

We looked at the management of topical creams and found records showed staff applied these to people as prescribed. Body maps were in place which meant staff knew where to apply creams.

We concluded that whilst some improvements were needed, the management of medicines was found to be more robust at this inspection.

At the last inspection in March 2017 we identified a breach of the regulation relating to safeguarding people, as we found evidence there had been incidents which should have been recognised as safeguarding concerns which had not been appropriately reported or investigated. At this inspection we found improvements had been made such that the breach in regulation was resolved.

During the inspection we looked at the procedures to safeguard people from harm and abuse. People we spoke with told us they felt safe living at this service and their relatives were also satisfied their family members were protected from harm. One person said, "I feel safe, the staff are very good." Relatives comments included; "I can go to work and I've no worries", and, "I believe they are safe here, I have never seen anything to make me question that." Staff were able to describe abuse and told us they would report any concerns to the registered manager.

Although we saw evidence of safeguarding referrals being made to the local authority, there was no log of reported safeguarding concerns. The registered manager said they would develop a log to record details, together with areas for improvement which had been identified following safeguarding incidents. The registered manager told us they discussed safeguarding incidents with staff during staff supervisions and records we saw confirmed this happened.

Care records contained an assessment of people's dependency, although at the time of our inspection this was not actively used to determine staffing levels unless people's needs changed. The operations manager told us they would develop this tool which would be regularly reviewed in anticipation of people being newly admitted to the home.

We observed staffing levels within the service and found there were sufficient levels of suitably deployed staff to ensure people's care needs were met. People's comments included; "There are enough staff for me", and, "They come straight away, maybe five minutes if they are busy." A third person said, "You don't have to wait for a long time." Only one visitor reported concerns about staffing levels. All the staff members we spoke with felt they had enough staff to provide safe care for people.

We looked at maintenance records and found these were up to date. Electrical wiring and gas safety certificates were up to date and testing of portable electrical appliances had been completed in November 2017. We also evidenced the slings and hoists had been tested in September 2017 in line with the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER). Monthly hot and cold water checks were in place and testing for legionella had been carried out in April 2017.

We looked at fire safety records and saw evidence of weekly fire alarm testing and fire drills including evacuation training. Personal emergency evacuation plans (PEEPs) were up to date and contained sufficient information concerning people's moving and handling support needs. This meant steps had been taken to ensure staff were able to effectively respond in the event of a fire.

At the last inspection in March 2017 we identified a breach of the regulation relating to the employment of fit and proper staff, as there were gaps recruitment records. At this inspection we found there had been improvements made which resolved the breach in regulation.

We reviewed the recruitment processes in place and the files for two members of staff. We found appropriate pre-employment checks had been made. We found checks had been carried out with the disclosure and barring service (DBS) for the staff we reviewed. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people. This meant recruitment processes in place were robust.

We looked at the oversight of accidents and incidents and preventing the risk of reoccurrence. There was information on who had suffered the accident, where they were, and the time of the accident, along with details of what had happened and any injuries sustained. The registered manager said they reviewed this for any trends, and would take any necessary remedial action needed. We found investigations had been completed and action taken to minimise the risk of reoccurrence, for example by implementing new care plans and risk assessments, and involving the falls team. This showed a system was in place to monitor incident and the service learned from incidents in order to protect people from harm. It also indicated there was a commitment to continuously improving practice in the home.

We observed throughout the home the living environment was clean and infection control was well managed. On both days of our inspection domestic staff were visible and they had the necessary materials

to maintain cleanliness within the home.

Is the service effective?

Our findings

At the last inspection in March 2017 we identified a breach of the regulation relating to consent, as the service was compliant with the Mental Capacity Act (2005). At this inspection we found sufficient improvement had been made to resolve the breach in regulation.

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We looked at people's mental capacity assessments which had been introduced since our last inspection and saw these were decision-specific. Two people's MCA assessments needed to be updated and the registered manager told us this would be completed before the end of November 2017.

Staff we spoke with demonstrated a good understanding of the MCA. Staff also recognised the importance of offering people choice as part of their daily routines. One staff member who shared an example of giving people choice told us, "I'll get some skirts out and ask [the person] which one [they want] to wear." The washing, dressing and grooming care plan dated July 2017 for another person stated 'Staff to offer [name] a choice of what [they] would like to wear on a morning by showing [them] a choice of outfits. [Name] prefers to wear a jumper and skirt'. One person we spoke with told us, "I decide for myself when I get up." This meant people were given choice as part of their daily routine.

We saw people's consent to their care was clearly recorded and where people were acting on behalf of a person with power of attorney, this was recorded. We asked staff how they responded to people refusing care. One staff member said they would accept the decision of the person, but return to them shortly afterwards to re-offer care to the person. They told us if a person still refused they would record this and discuss it with the registered manager. One staff member said, "You do the least restrictive thing you can do."

We found there were clear records which showed when DoLS had been applied for, and whether an authorisation had been granted. Where an authorisation was granted the records also showed when a renewal application would need to be made. The registered manager showed us they had one outstanding DoLS application at the time of our inspection. This meant the service was now compliant with the MCA.

At the last inspection in March 2017 we identified a breach of the regulation relating to staffing, as staff did

not have access to the training and support they needed to provide effective care. At this inspection we found sufficient improvement had been made to resolve the breach in regulation.

Before staff started lone working, they had an opportunity to shadow experienced staff. One staff member told us the registered manager asked them if they needed more shadow shifts before they started to include them on the staff rota. This meant people were protected from harm as staff were not rushed into performing care tasks before they felt sufficiently competent to do so. People we spoke with told us they felt staff were well trained and competent in carrying out care tasks. One person said, "They know how to do their job." Another person commented, "I think they do the job properly." One staff member told us, "I've been to loads of training."

Staff received the training they needed to support people effectively. We were provided with a training matrix which showed training was undertaken in safeguarding, fire safety, first aid, moving and handling, basic food hygiene, infection control, health and safety, MCA and DoLS.

Additional training was provided in areas including dementia awareness and end of life care. The registered manager told us training was delivered face-to-face and through e-learning. We saw refresher training was provided and all staff had either undertaken all the training deemed mandatory by the registered provider or training dates were scheduled. This meant staff had received the training they needed to provide effective care and support.

Staff were supported through regular supervision and appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Records showed supervisions had taken place every three months and involved discussing roles and responsibilities, safeguarding, medication, person-centred care, MCA and DoLS, dignity and respect, reporting of accidents and incidents, and comments both from the staff member and the registered manager.

Annual appraisals had been undertaken or they were booked in for all staff to take place. This meant staff had received appropriate support through supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform.

We observed the lunchtime experience and found the dining room was clean, bright, well decorated and welcoming. The tables had a floral decoration, tablecloths, mats, napkins, and condiments. There was appropriate background music playing. We observed a number of caring interactions between staff and people living at the home. For example, we overheard a staff member asking one person, "Do you want me to cut it up for you [name]?"

One person told us, "The meals are very good, lots to eat, a good choice, they will make sandwiches if you want." People told us there were snacks and drinks available between mealtimes. One person commented, "I get lots of fruit, biscuits and drinks." One staff member said, "I think it's good and I think they get a variety." Another staff member told us people could choose something not on the menu if they wanted. A relative we spoke with said, "There's always a choice."

We looked at kitchen records regarding people's dietary needs and saw they needed to be updated to reflect people's eating and drinking care plans. We spoke with a member of kitchen staff and found they were knowledgeable about people's individual needs. For example, they knew who required pureed meals and explained how they separated pureed foods on people's plate to ensure they still got to experience different tastes. The kitchen staff member said, "If I wouldn't eat it, I wouldn't serve it." We looked at food and fluid records which showed people who had been identified as being at risk of weight loss were

supported to have adequate amounts to eat and drink.

Information we gathered during our inspection demonstrated the involvement of a number of health professionals in people's care such as opticians, chiropodists, district nurses and GPs. One relative told us, "They always listen to me and if I ask them to get a doctor, they always do." Another relative said, "[My relative] has [their] feet done regularly, has seen the dentist and had new glasses so yes, good access." One staff member we spoke with described a recent incident when a person was thought to have a chest infection. Staff promptly contacted the person's GP who visited them and subsequently prescribed medicines for this. This meant staff identified when people needed access to healthcare and took appropriate action. Handovers between staff shifts were taking place on a twice daily basis.

Is the service caring?

Our findings

On the first day of our inspection we observed the morning staff handover which was held in the dining room. At the time the handover took place, there were three people in this area waiting for their breakfast. This meant information regarding people's health and care needs was openly discussed in their presence which demonstrated people's privacy and dignity was not respected. We discussed this with the registered manager who told us they would ensure future handovers took place in a different part of the home where confidentiality could be maintained. Following our inspection, the operations manager contacted us to confirm arrangements for ensuring confidentiality during shift handovers had been put in place.

We saw recording in one person's care plans regarding contact with a relative included wording which was not dignified. We discussed this with the management team who told us the importance of staff ensuring records were sensitive and respected people had been discussed with staff. The registered manager told us they would address this following our inspection.

Staff were able to describe how they protected people's privacy and dignity when they provided personal care. For example, they told us doors and curtains would be closed and adequate preparation meant people were supported to have a dignified experience as it was not unnecessarily prolonged. A visitor we spoke with said, "Yes, they (staff) do (respect people's privacy), they close the curtains." Staff told us they knocked on people's doors before they entered rooms. During our inspection we saw staff knocking on people's doors to gain permission before entering. One person said, "They look after my privacy and dignity, they are very good in that respect." We asked a relative whether they felt staff demonstrated these values and they told us, "I've got no concerns about that."

The interactions we saw during our inspection between members of staff and people were professional, warm and affectionate. Staff were cheerful and friendly and none of the people or relatives appeared uncomfortable with staff being present. We saw two staff members spent five minutes gently encouraging one person to let them help to move the person from their seat to a wheelchair, so they could be taken into the dining room. Another member of staff was heard asking a person, "Are you warm enough, [name]?"

People we spoke with were positive about the quality of care they received and said staff supported them to remain as independent as possible. One person said, "They do want me to be independent, but they usually have to help me." Another person told us, "I am happy, yes." Comments from relatives included, "The staff are very good, very friendly and approachable", "I like it because it's a small home, it's got that homely feel", "They are kind, caring and compassionate, friendly, it is person-centred care not just a job", and "The relationship of the staff to the residents is friendly. People are treated as human beings not just as an object." One professional visitor had completed a satisfaction survey in October 2017 which stated, 'Face to face care in the home cannot be faulted.' People and relatives told us they would recommend this service. One visitor said, "There is nothing wrong with this one (Eboracum House), so I would."

During our discussions with staff members, we found they were able to tell us about the information we saw contained in care plans relating to their personal history, likes and dislikes. Two staff members we spoke

with identified one person as needing a soft diet due to their choking risk. This meant staff were familiar with people's care needs.

We saw people's bathing preferences were recorded in their care plan. People were able to have baths and showers based on their personal preferences. One person said, "I have one (a shower) every morning, they help me." People looked well cared for. They were tidy and clean in their appearance which was achieved through good standards of care. People's rooms were personalised according to their individual tastes.

We looked at care records which showed people's religious beliefs and sexual orientation had been considered. All organisations that provide NHS or adult social care must follow the accessible information standard. The aim of the accessible information standard is to make sure people who have a disability, impairment or sensory loss receive information they can access and understand, and any communication support they need. At the time of our inspection there were people who had specific sensory needs. Following our inspection, the operations manager made us aware the full management team had made a commitment to keep Diversity and Equality on the rolling agenda at their four weekly meeting and at the December 2017 meeting they would have refresher training on equality and diversity. The management team told us if they needed to provide care for a person whose first language was not English, they would contact interpreter services to support the person's language needs. This meant systems were being developed to support people's equality, diversity and human rights.

We saw information on advocacy services was on display. Advocates are used to support people in decision making where they do not have family or friends to represent them. The registered manager made us aware of one person who they had contacted a local advocacy service for prior to our inspection. This demonstrated the registered provider supported people to access advocacy services and made sure people and visitors also had access to relevant information.

We received mixed feedback from people and relatives about their involvement in care planning. One relative told us, "[Name]'s care plan is a relatively new one. I got consulted all the way through that. They've said I can look at it whenever I like." We saw evidence of relatives involvement in creating life histories for their family members. A member of staff told us one person living with dementia had been involved in their care planning. However, other people and relatives we spoke with told us they had not been involved in this process. We shared this feedback with the management team who told us they would look at this.

Is the service responsive?

Our findings

At the beginning of our inspection, the registered manager said they had moved to a new style of care planning for six of the eight people living at Eboracum House. The registered manager told us they and the deputy would transfer the remaining two care plans to the new style before the end of November 2017. One staff member who we asked about the new care plans said, "They're quite easy to fill in." Another staff member said, "They're more person-centred."

At the last inspection in March 2017 we identified a breach of the regulation relating to person-centred care, as people's care plans were not individualised or up to date. At this inspection we found sufficient improvement had been made to resolve the breach in regulation.

Records showed people had their needs assessed before they moved into the service. This ensured the service was able to meet the needs of people they were planning to admit.

Once people had moved into Eboracum House, care plans were put in place which covered, for example, communication, night care, medication, mobility and falls and continence. We saw the updated care plans showed in detail how staff should support people, which included ways in which people could be encouraged to retain their independence. However, not all sections reflected people's care needs consistently. For example, one person's continence assessment dated August 2017 did not contain the same continence product requirements as their care plan for elimination and continence. One person's eating and drinking evaluation dated October 2017 stated '[Name] enjoys her main meals more than desserts.' This contradicted information recorded elsewhere in the same care plan.

People whose care plans had been updated had a personal profile called 'My life story book.' This provided details about the person's history, their care preferences, including what made them happy as well as information about their preferred daily routines. This meant staff had information which enabled them to provide person-centred care. We spoke with staff about people who lived at Eboracum House and found they had a good understanding of the people they were caring for and their care preferences. Some people had advanced decisions in their care plan which demonstrated their end of life care wishes had been discussed and recorded. This helped to ensure the registered provider was able to facilitate these requests. Other people had chosen not to discuss their end of life care preferences.

At the time of our inspection, Eboracum House did not have a dedicated activities coordinator. This meant staff were responsible for ensuring people were offered stimulation through activities as part of their day to day support. People told us they decorated buns, watched DVDs, enjoyed sing-a-longs, looked at photo books and participated in arts and crafts. In preparation for Halloween, decorations were being made to go on display. One person told us, "There is plenty to do, we talk, do drawings, singing." Only one relative expressed they felt more stimulation could be provided for people living at Eboracum House.

During our inspection, we saw activities taking place such as drawing, colouring, and reminiscence using books and magazines. On the first day of our inspection, activities were run by a staff member who we saw

worked hard to engage people. Throughout our inspection we saw staff took time to talk with people which meant they were not left isolated.

We saw information on how to complain was displayed in the service. People and relatives we spoke with knew to how to complain. One person told us, "I would talk to the manager or the girls (staff)." One relative said, "If I do have an issue, I can go and talk about it straightaway."

We reviewed how the service recorded, investigated and responded to complaints. We saw evidence which showed two formal complaints received had been investigated and responses had been sent to each complainant. However, the complaints file did not contain a log to detail a summary of complaints. We discussed this with the registered manager and they assured us they would develop a log to give an overview of any received complaints or concerns and provide an overview of accountability and progress. The registered manager told us complaints were shared with staff in staff meetings and supervision. This meant there was a system in place to gather and act upon people's complaints and respond in a way which resolved the concern, in addition to minimising the risk of the same issue arising in the future.

Is the service well-led?

Our findings

At the last inspection in March 2017 we identified a breach of the regulation relating to good governance, as we identified concerns with record-keeping and oversight of quality and safety. At this inspection we found improvements had been made which meant the registered provider was compliant with this regulation.

At the time of our inspection the manager was registered with the Care Quality Commission (CQC). We saw the registered manager engaged with people living at the home and was clearly known to them.

The registered manager was aware of their legal responsibility to inform the CQC in response to notifiable events. However, we looked at a record of safeguarding referrals made to the local authority and saw two incidents which took place in March and July 2017 had not been reported to the CQC. The registered manager told us they had not reported these incidents to us, as the local safeguarding authority advised these incidents were concerns managed adequately by the registered provider and did not require investigation. Failure to notify CQC is an offence under the Care Quality Commission Registration Regulations 2009. In this case we decided not to prosecute registered persons or serve a fixed penalty notice because these were isolated examples where the local safeguarding authority had been informed.

On the second day of our inspection we found care plans were stored in the dining room in an accessible cupboard which meant sensitive information was not stored securely. We discussed this with the management team who told us repairs to the locking system had already been arranged to take place the week after our inspection. The management team said in the interim, they would keep care records in a separate, lockable area.

We asked people and relatives whether Eboracum House was well-led by the management team. One person told us, "As far as I know it is well managed." One relative told us, "Things seem to have settled down and improved a lot. Things are a lot more professional now." One visitor said, "It's clean, no smells, much improved over the last six months." One staff member told us, "It's improved a lot. There's a lot more communication now."

One relative who commented regarding the registered manager said, "She always goes the extra mile." A visitor we spoke with said of the registered manager, "She is approachable and easy to talk to, she is hands on, she doesn't just sit in the office." A staff member told us, "If I've got any worries, I'm not afraid to go and see her."

During our inspection, we observed the staff team worked well together and communication was effective between team members. One staff member said, "I feel more involved. All the staff team are on one side. There's no friction." Another member of staff told us, "Staff are here because they want to be here." The registered manager told us they felt well supported by the operations manager and the registered provider. One staff member who commented on the operations manager said, "I feel like I can approach [them]."

We saw service user satisfaction questionnaires for people and their relatives had been sent out in October

2017. Seven surveys had been received and we saw comments included, 'The décor of the home has improved vastly over the past months making it a pleasant place to spend time in for both residents and visitors', 'We are always made welcome and enjoy visiting', and 'Staff do their very best and we appreciate all they do for my [relative]'. The registered manager told us they were waiting for more surveys to be returned before they carried out an analysis and developed an action plan. The registered manager told us there was no staff survey at present to seek staff's views about the service. However, they told us staff feedback was sought during staff supervisions, staff meetings and quality assurance visits.

The registered manager carried out a number of quality assurance checks and audits to monitor and improve standards at the service, for example around health and safety, the use of medicines, and infection prevention and control. There was also a 'monthly quality audit checklist timetable' which evidenced audits were undertaken on a monthly basis to ensure all areas of the home were under sufficient scrutiny. There were some gaps where audits had not been signed as completed, however we saw most of these areas had been reviewed as part of the monthly manager's key performance indicator report. Some of the audits undertaken on a monthly basis were not recorded on the 'monthly quality audit checklist timetable'; we made the registered manager aware of this. The registered manager told us that they completed the 'monthly manager's KPI (key performance indicator) report' and forwarded it to the operations manager. We saw this covered, for example, people's weight loss, pressure care, infection control, hospital admissions and accidents and incidents. A home improvement plan was in place which meant there was oversight of all aspects of service delivery.

We found the registered provider had ensured their overall rating from our last inspection was on display in a prominent area of the home where this could be seen.

We saw evidence of meetings for people and their relatives. Minutes showed the meeting in August 2017 included discussion of improvements in care planning and other documentation within the service, as well as activities, and fresh fruit being available. We saw 'You Said, We Did' feedback on display which demonstrated how people's feedback had resulted in action taken. This meant there were mechanisms in place to communicate with people and involve them in decision making at the service.

We saw staff meetings were held regularly and included a range of relevant issues, including people's care needs, which meant any key risks were communicated to staff about people who used the service.

The registered manager told us the operations manager carried out monthly quality assurance visits. The operations manager told us the registered provider involved them in decision making. We looked at examples from the most recent 'Quality Assurance Visit' which confirmed remedial action was taken where issues were identified. Following our inspection, the operations manager made us aware of links with the local community, which included places of worship, the village hall, the university and a local high school.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people had not been adequately assessed to ensure people's safety.